RECEIVED. TECH CENTER 1600/2990

Please type a plus sign (+) inside this box
PTO/SB/21 (08-00)

PTO/SB/21 (08-00)

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. 10/023,969 **Application Number TRANSMITTAL** 17 December 2001 Filing Date **FORM** John Irving **First Named Inventor** Group Art Unit 1648 (to be used for all correspondence after initial filing) Ulrike Winkler **Examiner Name** 084/002 Attorney Docket Number Total Number of Pages in This Submission **ENCLOSURES** (check all that apply) After Allowance Communication Assignment Papers Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Appeal Communication to Group Licensing-related Papers Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final **Proprietary Information** Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Other Enclosure(s) (please Change of Correspondence Address Extension of Time Request identify below): Terminal Disclaimer PTO Form 1449 (4 pages): 68 references **Express Abandonment Request** Request for Refund Information Disclosure Statement CD, Number of CD(s). (2 pages) Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm J. Michael Schiff, Registration No. 40,253 Individual name Signature Aunt 1st , 2002 Date CERTIFICATE OF HAND DELIVERY I hereby certify that this correspondence is being delivered by hand to the U.S. Patent Office in accordance with 37 CFR 1.6(b), addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this date:

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of me individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Date

2003

Typed or printed name

Signature

PATENT WASTER

CERTIFICATE OF HAND DELIIVERY

I hereby certify that this correspondence is being delivered by hand to the U.S. Patent Office in accordance with 37 CFR § 1.6(b), addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231, on the date indicated.

Name

Legest 2, 2002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

CCH CENTER 1600/ 02 AUG -2 PM 3: ;

In the application of: Irving, et al.

Serial No.: 10/023,969

Filing Date: 17 December 2001

For: CHIMERIC CYTOLYTIC VIRUSES FOR

CANCER TREATMENT

Art Unit: 1648

Examiner: Winkler, Ulrike

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

The information listed in the accompanying form PTO-1449 and provided herewith may be material to examination of this application and is submitted in compliance with the duty of disclosure under 37 CFR § 1.56. The Examiner is requested to make this information of record in the application.

PATENT

Serial No. 10/023,969

Docket: 084/002

This Information Disclosure Statement is not to be construed as a representation that a full search for relevant information has been made, that all relevant information has been found, or that the information provided with this Statement is considered to be material to patentability of the claimed invention as defined under 37 CFR § 1.56(b).

It is believed that no fee is required for submission of this Statement, which is filed before the first Office Action on the merits of the application. Nevertheless, should a fee be required for consideration of this Statement and the listed information, the Assistant Commissioner is authorized to charge such fee to Deposit Account No. 07-1139, referencing the attorney Docket Number indicated above.

Respectfully submitted,

J. Michael Schiff

Registration No. 40,253

GERON CORPORATION 230 Constitution Drive Menlo Park, CA 94025 Telephone: (650) 473-7715

Fax: (650) 473-8654

Date: August 1, 2002